

Effective October 1, 2003

1078401

(Column 1)	(Column 2)
1	2
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87	88
89	90
91	92
93	94
95	96
97	98
99	100

TOTAL CLAIMS	18	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	18 minus 20 =	*
INDEPENDENT CLAIMS	3 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

(Column 1)	(Column 2)	(Column 3)
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
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40	41	42
43	44	45
46	47	48
49	50	51
52	53	54
55	56	57
58	59	60
61	62	63
64	65	66
67	68	69
70	71	72
73	74	75
76	77	78
79	80	81
82	83	84
85	86	87
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94	95	96
97	98	99
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103	104	105
106	107	108
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220	221	222
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232	233	234
235	236	237
238	239	240
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247	248	249
250	251	252
253	254	255
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262	263	264
265	266	267
268	269	270
271	272	273
274	275	276
277	278	279
280	281	282
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286	287	288
289	290	291
292	293	294
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298	299	300
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322	323	324
325	326	327
328	329	330
331	332	333
334	335	336
337	338	339
340	341	342
343	344	345
346	347	348
349	350	351
352	353	354
355	356	357
358	359	360
361	362	363
364	365	366
3		

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	*	Minus	**	=
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

OTHER THAN
OF SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	

SMALL ENTITY OR SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1)	(Column 2)	(Column 3)
1	2	3
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361	362	363
364	365	366
3		

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.